



City of Dover, New Hampshire REZONING APPLICATION

[Revision Date: December 21, 2010]

Office Use Only	File #:	_____	Date Received:	_____
	Amount Paid:	_____	Time Received:	_____

APPLICANT and OWNER INFORMATION

Name of Applicant: _____ Telephone # _____

Address of Applicant: _____

Name of Property Owner (*if different from applicant*): _____ Telephone # _____

Address of Property Owner: _____

GENERAL INFORMATION

General Description of Area for Rezoning:

Assessor's Map # _____ Lot(s) # _____

Current Zoning District(s) _____ Overlay District(s) _____

Size of Area: _____ Existing Use of Property: _____

Proposed Zoning District(s) _____ Overlay District(s) _____

Proposed Use of Property: _____

REZONING INFORMATION

Please indicate, in a separate narrative, how your proposed amendment addresses the following requirements of RSA 674:17. If the requirement is not applicable, please write N/A.

Does the amendment:

- Lessen congestion in the streets;
- Secure safety from fires, panic and other dangers;
- Promote health and the general welfare;
- Provide adequate light and air;
- Prevent the overcrowding of land;
- Avoid undue concentration of population;
- Facilitate the adequate provision of transportation, solid waste facilities, water, sewerage, schools, parks, child day care;
- Assure proper use of natural resources and other public requirements;
- Encourage the preservation of agricultural lands and buildings; and
- Encourage the installation and use of solar, wind, or other renewable energy systems and protect access to energy (see RSA 674:17 I (j) for full text).

Also, please describe how the amendment has been made with reasonable consideration to the character of the area involved.

REQUIRED ATTACHMENTS

- Fifteen (15) hard copies and one digital copy of the following:
 - A properly drafted ordinance containing the amendment in a form meeting the requirements of the City Clerk;
 - A statement of the purposes and intent of the proposed amendment
 - A statement of the impact of the proposed amendment on the City's economy, environment, municipal services, municipal facilities and neighborhoods;
 - A statement describing how the proposal meets the elements outlined above in the Rezoning Information section.
 - A map showing the existing zoning districts and the amendments to these districts as proposed in the amendment, if applicable;
- The names, addresses, and telephone numbers of those submitting the petition and of any agents or representatives of the same;
- A list and address labels including the name, address, and tax map number of each property owner of the area proposed for rezoning and each property owner within one hundred (100) feet of the subject area. The list shall be current within ten (10) days of submittal; and
- A non-refundable fee in the sixty dollars (\$60.00) to cover the cost of the newspaper notice, and a non-refundable fee of one dollar (\$1.00) per landowner and Abutter required to be notified.

SIGNATURES

I/We hereby submit this application to the City of Dover Planning Board and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As applicant or as agent, I attest that I am duly authorized to act in this capacity.

Signature of Property Owner: _____ Date: _____

Signature of Applicant (*if different from owner*): _____ Date: _____

AUTHORIZATION TO ENTER SUBJECT PROPERTY

I hereby authorize members of the Dover Planning Board, Planning Department and other pertinent City Departments and boards to enter my property for the purpose of evaluating this application, including performing inspections during the application phase, post-approval phase, construction phase and occupancy phase. It is understood that these individuals must use all reasonable care, courtesy, and diligence when on the property.

Signature of Property Owner: _____ Date: _____